

Perinatal Care Program

Brief Program Description

The Perinatal Care Program was designed to facilitate intervention and prevention strategies for drug and alcohol abusing women who had prematurely delivered cocaine exposed babies. The mothers and their infants all lived in inner city neighborhoods characterized by disproportionate rates of violence, poverty, poor health care access, and organized drug activity. The program's objectives are to: 1) increase the participants' understanding of the dangers of substance abuse and related risk taking behaviors; 2) decrease the number of participants who continue to use alcohol, tobacco or illicit drugs; 3) improve participants' conflict resolution and violence prevention skills; 4) improve participants' employment capacity; 5) promote ethnic pride among participants; 6) decrease the number of participants who participate in high risk sexual activity; 7) increase participants' use of health care services; 8) increase participants' child developmental knowledge, techniques and parenting skills; and 9) improve infant/child mental and physical health through comprehensive pediatric health care services.

The evaluation was conducted by an independent entity to perform a process evaluation and an outcome evaluation to gather data in these areas: caregiver psychological status, substance abuse severity and impact on various levels of functioning, quality and quantity of environmental stimulation for infants/children, support and structure available to an infant/child at home, family conflict resolution tactics, family psychosocial history and progress, child cognitive functioning, infant/child mental, physical, and emotional developmental assessment, and child behavior and social competence assessment. Assessments were performed by trained professionals, interviews with caregivers were used, and case studies were compiled.

The sample included 115 mothers and 126 premature infants. The ethnic breakdown was as follows: 92% African-American, 4% Hispanic, 3% White, and 1% Native American.

The study did not have a control or comparison group. Comparison was accomplished by analyzing developmental data of two groups of infants with similar traits. The first comparison group is from a related NIDA funded project which conducted long term follow-up on 3 large cohorts of full-term cocaine exposed infants, including cocaine exposed, alcohol exposed, and drug free controls. The second group is from a state funded follow-up program, which analyzes similar preterm infants in the Mailman Center's Early Intervention Program.

Program Strategies

The types of assistance offered in the Perinatal Care Program include the following:

Ambulatory Pediatric Care—Well-child appointments, sick child visits, immunizations, lead screening, and consultation regarding developmental and behavioral issues.

Child Developmental Assessments and Referrals—scheduled infant/child evaluations, age appropriate tasks were taught to caregivers, educational toys and books were provided.

Family Case Management—Ongoing services including HIV education, drug treatment linkages, counseling and crisis intervention, home visits, referrals to appropriate programs.

Physical Therapy—Designed to evaluate the neuromuscular performance of the hospitalized premature infants and provide caregiver education on the use of therapeutic techniques. Physical therapy instruction was provided to the caregivers on an as needed basis throughout the program.

Parent Education Classes—A 15 week program consisting of 3 hour sessions. Two distinct curricula were used over the course of the grant. One focused on child management skills, strengthening family bonds, and increasing parent self-esteem from an African American frame of reference. The other focused on violence prevention, social competence, and life skills. Both curricula required attendance of a training session for facilitator certification.

Caregiver-Infant Development Interventions—Individualized sessions focused on the caregiver-infant attachment relationship and enhancing caregiver knowledge of basic infant care and development and individual special development needs.

Caregiver Support Groups—These groups met weekly to discuss issues related to coping with life stressors and addressing substance abuse issues. Extended family member caregivers such as grandparents were engaged in these meetings as well.

Transportation—Transportation to all scheduled program activities was offered and used by nearly all participating families.

Linkage referral services—Substance Abuse Treatment, Daycare, Vocational Training and other social services linkages were provided.

Population Focus

The target population were substance abusing women who delivered premature infants. The Perinatal Care Program women lived in North Central Dade County and South Dade County. Most of these mothers were single, on public assistance, and had not completed high school.

Suitable Settings

The CARE women and their children received the above services, throughout the 4 year enrollment period, within the University of Miami Jackson Memorial Medical Center, the Family Planning Clinic, the Baby Steps Pediatric and Developmental Clinic, in the participant's home and from agencies where referrals occurred.

Outcomes

- 58% of infant/children completed at least 80% of scheduled well child care visits.
- By age 3, the Perinatal Care Program infants exhibited head circumference and height similar to term comparisons but lagged behind in weight.
- The parenting class was effective in several areas including: teaching appropriate parental discipline strategies, self-esteem enhancement for children, creating structure for children, and improving communication between parent and child.
- Neurobehavioral functioning of Perinatal Care Program infants was similar or somewhat improved when compared to term substance exposed and nonexposed infants.
- Perinatal Care Program mothers enrolled in substance abuse treatment had significantly longer stays and a higher completion/graduation rate.
- 68% of mothers became involved in drug treatment programs during participation in the Perinatal Care Program.
- When compared to term substance exposed and nonexposed children, the Perinatal Care Program children exhibited significantly lower scores in cognitive domains assessed by McCarthy scales and performed more poorly on the CELF-P test than term nonexposed children. Mean standardized scores were in the borderline range of functioning on both tests.
- 67% of the mothers who received intensive case management moved tower lower risk by program end
- 34% began at great risk and ended at moderate risk.
- 24% began at great risk and ended at low risk.
- 1% began at great risk and ended at no risk.
- 7% began at moderate risk and ended at low risk.
- Significant decreases in use of substances were self-reported over time for cigarettes, alcohol, marijuana, and cocaine from pregnancy through 48 months postpartum.

Contact Information

For indepth information on this program, please use the contact listed below.

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